

General Medical Certificate

 Full name of the applicant (*as it appears in the passport*):

Date and place of birth (dd/mm/yyyy):

Nationality:

The patient above mentioned is at present free from infectious diseases and is in good physical and mental condition. There are no medical objections to stay as a student abroad.

Type of medical test or vaccination	Examination date/ vaccination date	Result <i>(underline the relevant one)</i>
Chest X-ray: Please attach the chest X-ray result (not the film) in English/Hungarian (not older than 3 months).		negative/positive

Serological tests

AIDS/HIV: Please attach HIV serological test result!		negative/positive
Hepatitis B: Please attach HBV serologic test result!		negative/positive
Hepatitis C antibody (anti-HCV/ HCV Ab): Please attach HCV serologic test result!		negative/positive

Vaccinations

If available, please attach Childhood Vaccination/Immunisation Records in English.

If the patient is not vaccinated, please organise the vaccination before arriving in Hungary.

Has the patient been vaccinated against diphtheria, tetanus, and pertussis vaccine?		YES/NO
Has the patient been vaccinated against MMR (measles, mumps, and rubella)?		YES/NO
Has the patient been vaccinated against typhoid?* Please note that vaccination is compulsory.		YES/NO
Has the patient been vaccinated against poliomyelitis?		YES/NO
Has the patient been vaccinated against Coronavirus (COVID-19)**		YES/NO

* To be filled out only in case of endemic countries.

** Please note that it is a mandatory vaccination. It is not possible to start your scholarship status without it.

Please attach laboratory test results for each infection type!

I hereby declare that the information provided in this form is correct.

Remarks:

Any Chronic diseases the patient is being treated for:

Special needs:

Name and address of the doctor:

Place and date of issue:

Signature and stamp of the doctor:

.....

.....